

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		1						
4		1						
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48		1						
49		1						
50		1						
TOTAL IND.	↓		↓		↓			
TOTAL DEP.	←		←		←			
TOTAL CLAIMS								
51		1						
52		1						
53		1						
54		1						
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95		1						
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97		1						
98		1						
99		1						
100		1						
TOTAL IND.	↓		↓		↓			
TOTAL DEP.	←		←		←			
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS